The Public Health Journal

Vol. IX. APRIL, 1918 No. 4

Infant and Child Welfare Work

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War characterized the age of man, religion the age of woman, but sacrifice and service the age of the child. Socrates in his wisdom wrote, "In every work the beginning is the most important part, especially in dealing with anything young and tender." It was the baby who first awakened that most wonderful and sacred force—the mother love, and aroused that most powerful and protective influence—the father love. The baby is the citizen of the future and his rights we cannot afford to neglect. In fact, one well-known writer claims that the care of the child is the index of civilization and infant mortality the most sensitive sign we possess of social welfare. Careful students of the subject of infant mortality have estimated that from 30 to 50 per cent. of the infant deaths are preventable, hence our stimulus to finding a remedy.

It is difficult to realize the boast of progress in the last quarter of the nineteenth century, namely a continuation of enlightened progress, if the page of vital statistics is to be marked and marred by an increase of deaths of infants from intestinal troubles whose history and etiology are definitely understood. If improved medicine, science, more healthful living conditions, more wholesome food, better sanitary regulations, cannot explain this seeming inconsistency of an increased infant death rate, must there not be another cause to explain the anomaly?

Infant mortality is to-day one of the great national, social and economic problems. The future of every nation depends on its children, their physical, intellectual and moral strength. If the infants die there will be no children to educate. Formerly, and in fact only till recent years, it was considered that the nation with the highest infant mortality

was the most fortunate. How frequently one hears the assertion that delicate infants should not live, that effects directed along this line are futile, and that hospitals erected for the saving of these children are but misguided pieces of philanthrophy, and in fact, some go so far as to state that such measures are more or less a perversion of medical science and that it interferes with the law of natural selection, which is the survival of the fittest. One has but to consult the biographies of many of the scientists of the world to contradict these disillusioned and unfounded impressions. Most of these who in infancy are regarded as physically unfit were healthy at birth, merely the victims of a bad environment, improper feeding and neglect, in short, conditions which it is quite possible to remove.

It has further been argued and well argued, by many that it is altogether a mistake for us to try to preserve the lives of weakly infants, and that it is wrong to interfere with nature's own laws and methods in eliminating those infants who remain weakly and will never grow up like other children. This has been shown to be fallacious reasoning, and has received a severe check, if not been actually destroyed by the painstaking and scientific investigation of Newsholme and his department. He has shown that it is not a weeding-out of the unfit, and that it is by no means true that it is the weaklings who die off and that the strong survive. Elimination even if selective, does not necessarily remove those calculated to prove inferior citizens. Many survive with enfeebled constitutions and weakly health, who in after years help to swell the lists of pauperism and spend their lives in squalor and misery and become a charge upon the state. Every weakly infant should have the best chance of living which can be given it. During the course of a hot summer, when there has been, as so frequently happens, an epidemic of diarrhœa many infants are left very weakly as the result of the disease, but it is quite certain that with care a large proportion of these weakly infants will grow up to be as strong and healthy as those infants who were fortunate enough to escape the disease. In a great number, if not in the majority of cases, the baby who is born small and underweight, will with care eventually grow up to be as strong and vigorous as any other baby. What would the mother of a small baby have to say if no efforts were made to help that baby to the very utmost of our ability? The Spartans in destroying their weakly infants, considered that they were serving the causes of eugenics and contributing to the vigour of manhood; no doubt they saved themselves a great deal of trouble in avoiding the necessity of rearing their weakly infants; but even the most ardent of race improvers would scarcely think of advising such a procedure now-a-days. It has already been shown that every small weakly baby, even if not cared for properly, does not die; and by helping the weakly infants we

tend to prevent their gradually incurring some chronic crippling disease, such as rickets, and thus becoming a drag upon their parents and the nation.

We must not forget also, when speaking of infant mortality, that a high infant death rate represents a vast amount of sickness and suffering apart from the fatal cases.

There are many cases where the infant mortality is high, of infants who, having survived some serious illness are nevertheless affected by it in after life. In places where the infant mortality is low, there has been less sickness and in consequence fewer damaged infants. These damaged or weakly infants are liable to succumb to other ailments in childhood or later in life.

Infant sickness, then, it is important to bear in mind, not only leads to a deplorable waste of human life, but sows the seeds of weakness, deformity and impaired vitality in those who survive to take their share in the duties of citizenship; and it contributes in no small degree to the physical degeneracy of the race, which we can see only too plainly taking place around us in the large cities.

Thus we see that these damaged and weakly infants, if not cared for, are liable to grow up into men and women crippled in body and deficient in mind who fill the hospitals, prisons and homes. By getting these infants well does it not seem clear that we shall save ourselves much expense later in life; and is it not surely cheaper and preferable to pay for them at the start of their lives than to pay for them later on and in many cases for many years or for the natural term of their lives? A suckling baby extracts a great amount of energy from the mother, and this is even more the case when the baby is ill. The sickly and weakly infant further needs more attention and caring for, and without this may become so great as to necessitate the mother's attention being taken up all day and often all night, with the baby, and this, together with her manifold duties tends to soon wear her out and impair her health. The consequence is, that her milk soon leaves her, and the baby has consequently to be artificially fed with the bottle; and as has been well said by an authority on this subject: "If it is at all possible a mother should not sublet her duty to a cow."

The very difficulty and magnitude of the problem is overpowering, and we might be tempted to adopt the cynic's view, that it is better to let the weakly members of society die than that they should live to struggle against odds, a burden to their parents, society and themselves. But surely no one can thus thrust aside his responsibilities and look complacently on this waste of human material. No one class of society can dissociate itself from another class, however low in the scales, and say that it has no duties and no responsibilities regarding it. "Men

cannot live isolated," says Carlyle, "we are all bound together for mutual good or mutual misery, as living nerves in the same body. No highest man can disunite himself from the lowest."

One speaks of armies being "decimated" by war; of a people being "decimated" by a pestilence and at such conditions remains aghast at the tragedies of human existence. Yet the universe looks on unmoved at a decimation or slaughter which has been in our midst for untold generations. Under the very best conditions this destructive process amounts to simple decimation; at the worst, not merely simple, but to double, triple and even quadruple decimation. This form of decimation is infant mortality, which until recent years has practically passed unnoticed. It is safe to say that very few, except those who are interested in the matter are aware of the actual status of the mortality attendant upon infants in the first year of life. In fact, the average physician does not realize his responsibility in the important work of lowering infant mortality, and by this indifference he opens the portals of the most important field of preventive medicine to social workers and philanthropists.

The following facts may serve to give one the idea of what infant mortality is; a new-born child has less chance of living a week than a man of ninety, and of living a year than a man of eighty. Over 3,200,000 infants less than a year old perish annually in the countries forming the civilized world, or, in other words, one infant dies in every ten seconds every hour of the twenty-four. Vital statistics permit of most startling revelations; for instance, in Ireland, which has a favorable death rate in infants, one has an example of simple decimation. During the period of 1895 to 1904, 104 infants died for every thousand born. In Germany an example of double decimation is seen, where for the past ten years there have been 187 infant deaths for every one thousand born; in other words two in ten. Russia affords an example of triple decimation, where 263 infants died out of every thousand born, or three in ten. One might go further and find that in certain sections of the globe, infant mortality was even greater than this, as in the city of Manilla in the Philippines, where the rate in infants under one year is forty-eight per cent. of the total deaths. The countries most favorably situated are Sweden and Norway, with the averages of 96 and 86 respectively for the past ten years although their rate has been somewhat lower than this of recent years (Prinzing) reaching in Norway the extraordinary figure of only sixty-nine out of every thousand born in the year 1907.

In the United States and Canada, owing to the regrettable fact that birth registration is not enforced, the mortality figures can only be estimated. In fact, in the former country only about sixty per cent. of the population live under effective operation of any vital registration

laws whatever, and only a few states pretend to any accuracy in the registration of births. With these facts in view it is estimated that out of every one thousand born in the United States, one hundred and fifty infants perish, that in many cities, particularly in the manufacturing towns, the death rate is even double this. In Canada our laws are every bit as lax, and what with the indifference of the general public and physicians at large, only a crude estimate may be reached as to the mortality. Taking eight representative cities in the Dominion, we found the mortality per thousand births in each to be as follows:

INFANT MORTALITY RATE 1916 - 1917.

CITY.	POPULATION.	Deaths per 1,000 Births.	
		1917	1916
Vancouver	97,995	61	—
Calgary	60,000	77	130
Toronto	473,000	80.4	115
Edmonton	53,794	99	171
Winnipeg	200,090	108	169
St. John	49,480	118	—
Montreal	575,000	185	290
Ottawa	100,561	222	256

In a résumé such as this it is impossible to touch in detail all the etiological factors, namely, neglect, ignorance and poverty. These three causes may perhaps be called the three fundamental causes of infant mortality. Poverty means poor health for the mother, lower intelligence, lack of energy, and general inefficiency, and forces families to live in crowded insanitary surroundings. Poverty forces mothers to work for a living, depriving their babies of breast milk, and, as a consequence, these infants are unable to thrive and develop in the poverty-stricken homes into which they are born. Infant mortality may be called a "class mortality" for it is excessive among the poor and low. The future of our country depends on its poor children. If they are eventually to justify their place in the world they must be saved from ill-health, ignorance and vice. The first step is to give them good food and air so that they shall have strong bodies. It is the duty of the community and of the physician to give the baby of the poor a fair chance. Infant mortality should not be a question of the survival of the fittest, for it is our task to see that every baby is made fit.

The great importance of breast feeding has long been known, but so far the subject has failed to secure its proper share of attention. Advertisements of infant foods and an abundance of medical literature on

scientific feeding have lulled both mothers and physicians into a false sense of security in the practice of artificial feeding. The fearful loss of infant life is so spread over the entire country that the individual physician does not appreciate his own responsibility, though a conservative estimate attributes a full third of all infants' deaths to unnecessary bottle feeding.

The question often raised as to whether all women can nurse their infants is still a mooted point, but certain it is that by a process of education many more could be taught to nurse their infants for all or part of the time. Holt in 1909, estimated that not over twenty-five per cent. of the well-to-do and cultured of New York City who had earnestly and intelligently attempted to nurse, had succeeded in doing so for as long as three months. At the other extreme we find Mme. Dluski's figures from the Department of Pinard in Paris, showing that ninety-nine per cent. are able to nurse their children. Between these extremes one finds estimates such as 66 per cent. for France; 90 per cent. for parts of New York; 96 per cent. for Munich and so on. Throughout the world in recent years, wherever propaganda has been instituted that mothers ought to nurse their infants, greater numbers have been able to do so. Jacobi said that "one hundred per cent. of our women can be made to nurse, even the 'flower and fashion of the land'."

In America we have similar results to show what can be done along these lines. Schwarz of New York in a study of 1,500 clinic cases reported that with careful and intelligent instruction, 96 per cent. of the infants were able to take the breast for one month or less, 88 per cent. were at the breast for three months and 77 per cent. for six months. Out of the 1,500 women, six were reported who could not nurse on account of inverted nipples and only four were found who had no milk at all.

In Toronto in 1916, an investigation was conducted by the author to ascertain the present status of maternal nursing in the city, and I think the facts obtained may very well be applied to those of the Dominion. The conclusions of the report were briefly:

1. That Canadian mothers nurse their infants less than either the American or foreign born women.

2. That the well-to-do of this city and environs nurse their infants less than those women of the poorer classes.

3. That maternal nursing is less to-day than it was twenty or thirty years ago in Canada, but in view of recent enlightenment is certa nly on the increase.

4. That the infrequency of nursing depends chiefly on the ignorance of the laity and the indifference of the physician.

The British Government's report on infant mortality in its final summary states that "the abandonment of breast feeding without

adequate cause is a most important factor of excessive infant mortality." The conclusion is therefore irresistible that the method of feeding is the most potent single factor influencing the fate of the new-born child.

It is barely forty years since the new interest in the lives of infants became manifest. This has come about partly through a growth in humanitarian ideas regarding the value of infant life which has been accomplished by a desire to ameliorate social conditions upon which a high infant mortality depends. This was first felt by individuals, but soon came to be appreciated by municipalities and finally by states and nations. Together with the growth of the humanitarian idea has been the development of sanitary science and preventive medicine and the great advances in our knowledge of the diseases of children which made it possible to check to some degree at least, the enormous infant death rate which had continued almost since vital statistics were first kept.

It is not necessary for me to trace the development of the work from this point, *i.e.*, from the establishment of the Crêche in Paris up to the present efficient organization now in existence, as all of us are undoubtedly familiar with the progress that has been made, especially in the last five years in the United States, so I will outline in brief the cardinal features in existence there, especially in New York City, as it is in this city that the most rapid and effective progress has taken place in the past few years. Up to the year 1902 the work in New York was somewhat desultory, the Department of Health confining its work only to the summer months. Not until 1908 was the real campaign against infant mortality begun, when the Division of Child Hygiene of the Health Department, was organized to which all the work done by the department for infants was entrusted. An attempt was made for the first time to co-ordinate the different agencies working in the city for the same, and by a series of conferences in the summer on the care of babies. The city was divided into districts which made it possible to reach all sick infants. Seven milk depots were opened in addition to those already in operation by private agencies. Talks to mothers were given in many centres on the hygiene and feeding of their infants and much literature was distributed. The work continued during the following two years, each season seeing better organization and more effective service. By 1911, most workers in this field having become convinced by the experience of the last three or four years of the value of the milk depot as an agency for saving babies in summer, an increased number of such stations were opened. In all 79 depots were opened, and 150 different bodies working for child welfare and public health were federated into an Infant Welfare Association, thus securing harmony and co-operation, preventing duplication of effort, and fixing standard methods of working and recording results. It has united effort and through its

efficient secretary it has enlisted the co-operation of the press and done much to rouse public interest and shape public policy. Owing to the fact that there are a large number of working mothers in New York City, and in consequence of the work of the home falling on younger children, Dr. Josephine Baker organized in 1911, the "League of Little Mothers", its object being the teaching during the summer months of the principles of infant feeding and hygiene. At present it has an enrolled membership of 20,000, they have weekly meetings and talks are given by physicians and nurses. The amount of interest awakened is remarkable, and it has been found that the girls learn easily and readily put their ideas into practice.

Nowhere in the world does the problem of infant mortality present greater coherent difficulties than in New York, from the heterogeneous character of the population and an overcrowding which in certain districts is not equalled in any city of the world. European capitals really know very little about the severe intestinal diseases that exist in the United States, and what has been accomplished in New York is so conspicuous that the methods may well be taken as a guide for other cities.

The essential parts of New York's campaign have been: visits by trained nurses to the homes of ignorant mothers of new-born babies; extensive development of the milk depot and infant consultation; federation in one organization of all the agencies engaged in infant welfare work. Efforts in other cities to be successful must be made along these or similar lines. The time when individual effort can cope with the problem has passed. The present conditions call for an organized campaign in Canada, planned on scientific lines and carried out with a business-like efficiency. Only such efforts can meet with the complex situation as it exists in our large cities to-day.

The results of the campaign have been efficiently summed up by L. E. Holt, in the Babies' Hospital Report, which says: "In 1888 with a population of 1,522,341, the infant deaths in New York were 10,411. In 1912, with a population of 2,969,220, the infant deaths were but 8,797. Thus, although the city is almost twice as large as it was twenty-five years ago, the actual deaths are 15 per cent. less. Had the old rate prevailed in 1912 there would have been 11,095, more deaths than there were." At present there are 91 milk depots in New York and in all 204 welfare stations scattered throughout the States in thirty-nine cities and small towns.

At this time everyone is scrutinizing eagerly the experience of the foreign countries which have been at war for almost three years. In every branch of activity we are anxious that the experience of these countries shall be of service to us, in order that we may avoid the mistakes

that have been made and pursue the lines of work that have proved successful.

In every country, and most of all in those countries which are hardest pressed, such as France and Belgium, work for the protection of infancy and maternity has been greatly increased since the war began. The decrease in the birth rates, and the fear of an increase in infant mortality rates have contributed to this interest. Especially concern for the protection of maternity as being an indispensable part of any plan for the protection of infancy, has received a remarkable impetus since war broke out. This is perhaps the one most striking feature of the foreign reports.

Another striking point is the great and successful effort which has been made in most of the foreign countries to strengthen the preventive rather than the polliative side of infant welfare work; in other words to insure good and intelligent care of the baby by a healthy mother in her own home, rather than to give care for infants in day nurseries or other institutions. This is a notable change, certainly from the measures employed in the wars of other days. It is the fruit of the intelligent movement for the prevention of infant and maternal mortality carried on during the previous decades.

In most countries the government itself has taken an unwonted part in such protection of mothers and babies. The line of development has not usually been towards anything new, but has been toward the expansion of work and of methods whose value for that country had already been demonstrated.

On the other hand, certain difficulties are manifest also in every country, but most of all in these countries farthest removed from the war: First, the diversion of interest and of private support from the protection of infancy and maternity, to work which has a more dramatic and enlarging work for infant and maternal welfare when a large part of the medical and nursing profession are called into active military service.

The chief value to Canada of the foreign reports lies in this evidence they give of the added interest in the welfare of mothers and babies felt in these countries hardest pressed by the war; and of the difficulties which have been met in carrying out measures for child welfare in the face of war conditions.

The question of the increased need for the protection of mothers and babies in war time is at present felt by many people in this country to be an academic one; among the host of more dramatic appeals put forth each one of which is claimed to be the most important in the present crisis, this is lost sight of.

There is a story circulated to the effect, that in a certain city in the States a meeting was addressed by the Director of Child Hygiene of that city, who spoke of the greater necessity for infant welfare work in war

time. Her speech was greeted with perfunctory applause; immediately women began popping up all over the audience saying: "Madame President, was this meeting called to discuss the feeding of children or preparation for war?" "I want to nurse wounded soldiers." "But what are we going to do for our country?" etc., etc

This is an extremely natural tendency and has been many times evidenced in our own Dominion, but it is a dangerous one, for we should not lose sight of the fact that the children of the present will be the soldiers of the future.

England, as well as the other countries, is watching its infant mortality rate and birth rate with as much concern as its casualty rates. In England and Wales, as well as elsewhere, the birth rate has fallen markedly; the infant mortality rate, as giving evidence of the success or failure of all the measures now spoken of, has been watched, therefore, with all the more eagerness; and to everyone's great satisfaction it reached in 1916 the figure of 91 per 1,000 births, the lowest for any year on record. This fall was not immediate, however; the rate in 1914 was about the same as for that for the previous year, viz., 105; that for 1915 rose slightly, being 110. The fall in 1916 has aroused enormous interest. It is attributed to many things. A comparatively cool summer no doubt played some part. To the increase in wages great importance is also ascribed. A great deal of the credit is given and no doubt with justice, to the remarkable increase in the measures which have been taken to protect infancy and maternity. Summing up the work of the Local Government Board, Sir Arthur Newsholme makes this statement in his report for 1915-1916:

"The war has had the effect of directing greatly increased attention to means for improving the health of mothers and their children during the first five years of life. During 1915 work with this object has been much increased, though some local authorities still remain inert, and appear to be unwilling to realize that the truest national economy can only be secured by saving life and improving health by all practical means."

That the Local Government Board is planning still greater efforts is shown by recent press articles and by correspondence. Lord Rhondda soon after his appointment as president of the Board, declared it as his belief that the lives of 1,000 babies could be saved each week, and now we hear that the Board has taken an active part in carrying out a National Baby Campaign in July, 1917, which involved from 800 to 1,000 campaigns.

In France the available reports deal chiefly with the work for maternal and infant welfare in Paris. This was organized early in August 1914. The published programme of this office was:

"During the entire war, and in every part of the military government of Paris, to assure every woman who is pregnant or who has a baby less than three months old, the social, legal and medical protection to which she has a right in a civilized society. To be sure that no man is ignored and no child is forgotten."

The results of this work in Paris, Pinard sums up in his papers as follows: For the first year the results were most encouraging. The infant mortality rate among babies declined, the maternal mortality rate fell, as did the still-birth rate. The death rate under two years, however, remained unaltered. The per cent. of new born babies abandoned was considerably lower in the first year of the war than previously. The second year of the war, however, brought forth discouraging results. In spite of the lowered death rate from the diarrhœal diseases there was an increase in measles and whooping cough in addition to which the percentage of newborn infants abandoned increased considerably. Pinard believed that the unfavourable results obtained were due to the entrance of pregnant women and nursing mothers into munition factories.

In Belgium the work for maternal and welfare work has been admirably reported by William Palmer Lucas, whose report gives us very valuable information.

Notes concerning the death rate in Belgium are, of course, difficult to secure, but all the figures available point to an actual decrease in the infant mortality rate in at least the large cities of Belgium (with the exception of Mons) since the beginning of the war.

Dr. Lucas writes:

"General solicitude for the children has resulted in an actual improvement in infant conditions to a point above the normal. It is generally evident that infant conditions are on the whole better than normal, that class having been the object of great solicitude since the beginning of the war, a great many institutions have been created during the war to care for the children. The organization of the work for the children has been divided into canteens.

1. Canteens for nursing and expectant mothers. There are over 13,000 nursing and expectant mothers receiving these dinners.

2. Canteens often in conjunction with maternal canteens have been instituted for infants under three years, in which there are over 52,000 infants receiving milk and cereals

Both these types of canteens have undoubtedly had a great influence on the reduction of infant mortality in Belgium. There is no question that to-day in Belgium more is being done for the mother and the child than was ever done before.

Previously to the war there were only two maternal canteens in the whole of Belgium. To-day there are over 329 canteens for infants alone. These canteens in connection with the educational work, the medical supervision, which all the canteens have and the careful regulation of the dietary, both in the canteens and by an extensive system of visiting nurses in the home, have undoubtedly had a marked effect on this great reduction in infant mortality.

The fact that the educational and preventive work of these canteens has been made so marked a feature in the face of conditions such as those present in Belgium, is one of the greatest triumphs of preventive infant welfare work that can be thought of.

A review of this work in the warring countries would not be complete without a reference to the work in Germany. The information at hand is that obtained from reports issued by Langstein and Rott, director and assistant at the Kaiserin Augusta Victoria Haus in Berlin. This institution is the official headquarters of the movement for the protection of infancy in Germany.

Dr. Langstein says:

"Certainly never was the truth of the saying that children are to be regarded as the most valuable capital of the state more clearly apparent to everyone than at the beginning of the war. The greatest care of all these who were engaged in social work was the preservation of all those measures for the protection of children which Germany has established in the last few years, and which may serve as models, and to which we are primarily indebted for the fact that a decrease in the infant mortality rate has been attained."

Everywhere throughout the German Empire work for the welfare of children and infants has improved in every detail, but so far no new schemes have been brought to light.

Great attention has been given to the question of the effect of the war on the birth and infant mortality rates. The infant mortality rate for 1914—164 per 1000 births, was a marked increase over the rate for 1913 which was 151 per 1,000 births. Dr. Langstein prophesied that this increase would probably be shown by the figures for 1914-15 because of the prevalence of summer diarrhœa among infants in August and September, 1914.

The drop in the birth rate for 1915 showed markedly the effect of the war. The infant mortality rates, however, showed also a decrease, at least in the larger cities. Official reports for the infant death rates of 1915 and 1916 are not available. Reports for the year ending 1915 show 15,457 less births, but a decrease in the deaths of 6,354. The decrease in the number of births was therefore almost one-half counterbalanced by the lowering of the infant mortality.

Child Welfare in Canada.

About a year ago the author wrote to the Premier on two different occasions stating a few clear-cut facts relative to the infant mortality existing in the Dominion, and pointing out the extensive inactivity in existence relative to preventive measures. These communications have undoubtedly been pigeon-holed like many others; and only will this country and the present Government awaken to the seriousness of the situation at the conclusion of the war. Were it but realized by the people that in this Dominion there are actually more infant lives thrown away through ignorance and lack of preventive measures, than we have lost on the battlefields, every cabinet minister to-day would lose his job. On surveying the work done in the United States and European countries relative to activities in Child Welfare Work. Canada stands pre-eminently alone as being an example of almost total inactivity.

The following tables give one an idea of the existing mortality—these figures have been obtained from R. E. Mills, Esq., vital statistician for Toronto, and in some cases direct from the health officers of the respective cities.

City.	Population.	Birth per M popul'n.	Infant Mortality rate.	Total deaths per M population.		% of deaths 0–1 of total deaths.
				No.	Rate.	
Ottawa	96,720	25.3	224	(1742)	18.0	31.5
Kingston	22,270	26.5	172	(500)	22.4	20.4
Saulte Ste. Marie	19,920	20.9	158	(196)	15.1	21.9
Guelph	16,020	22.5	149	(244)	15.2	22.1
London	55,240	23.2	134	(932)	16.8	18.5
Stratford	16,410	22.3	133	(204)	12.4	24.0
Windsor	23,640	30.2	130	(370)	15.6	25.1
Chatham	13,240	19.3	128	(230)	17.3	14.3
Fort William	18,850	47.5	127	(288)	15.2	36.1
Peterborough	18,950	23.6	120	(324)	17.0	16.6
Belleville	11,610	21.9	105	(204)	17.5	13.2
Niagara Falls	12,030	22.8	105	(145)	12.0	20.0
Brantford	26,350	26.5	104	(377)	14.3	19.3
St. Catharines	16,690	33.4	104	(286)	17.2	20.2
Hamilton	104,330	27.6	102	(1241)	11.9	23.7
Kitchener	19,200	29.6	93	(227)	11.8	23.3
Galt	11,880	23.4	86	(143)	12.0	16.7
Port Arthur	15,220	35	84	(157)	10.3	28.6
Sarnia	12,280	23.7	82	(198)	16.1	15.6
Woodstock	9,520	21.6	82	(132)	13.8	12.8
Toronto	470,000	26.5	80.4	(5931)	12.6	22.8
St. Thomas	15,840	20.4	74	(216)	13.6	11.1

Note.—Arranged in order of highest Infant Mortality Rate.

What work is being done to promote birth registration.	What educational work on the subject of Infant Hygiene: (a) Pamphlets; (b) Food exhibits, lantern slides, etc. (c) Lectures, by whom.	What Bulletins issued: (a) How often; (b) By whom.	Newspaper articles: (a) How often; (b) Nature of Articles.
Educational Propaganda.	Pamphlets *re* care of mother and baby. Food Exhibits at Children's Hosp'l. Lectures by Child Welfare physicians	Board of Health Bulletins monthly.	Weekly. Relative to Child Welfare. Full page in Sunday Newspapers.
Under control of Provincial authorities.	Lectures by M.O.H.	Board of Health Bulletins monthly.	Occasionally. General health news.
Nothing	Booklets and Food Exhibits.	Pamphlets published by an Insurance Coy.	Occasionally. General health news.
Two prosecutions in last year.	Booklets and lantern slides.	Board of Health Bulletin monthly.	Periodically.
Nothing	None.	None.	Occasional article.
Nothing.	Pamphlets and occasional lectures by physicians.	Board of Health Bulletin monthly.	Occasional articles.
Nothing.	None.	None.	None.
Publicity.	Pamphlets. Lectures during Baby Week.	Circulars to physicians, teachers, and clergy only.	Occasional article.
Educational Campaign.	Pamphlets. Lectures.	Board of Health Bulletin monthly.	Occasional article reprinted from bulletin.
Nothing.	Pamphlets. Lantern slides. Lectures by physicians.	Board of Health. Monthly Bulletin.	None.

Any other work or organization in connection with Infant Hygiene, such as Baby Contests, Little Mothers' Leagues, Infant Welfare Nursing, etc.	What Pre-Natal Work.	Infant Welfare Stations or Milk Depots.	Infant Mortality per 1,000 Births.	Population.	City.
Baby Contests yearly at various clinics. Little Mothers' League—Nurses Sixty-four Post-graduate clinics to Board of Health Physicians.	Pre-Natal Clinic and Nurses.	22	80.4	473,000	Toronto. Dept. Child Hygiene.
Baby Contests occasionally.	Visits by nurses.	1	77.8	60,000	Calgary.
Baby Contests occasionally.	None.	None.	None.		Victoria.
Baby Contests annually. Little Mothers' League.	Public Health Nurses.	2	105		Regina.
No organized work.	None.	None.	99	49,480	St. John.
Victorian Order of Nurses.	None.	None.	99	53,794	Edmonton.
Nothing.	None.	None.	Not known.	.....	Kingston.
Few private organizations conduct work.	Visiting nurses Desultory work	3	222	100,561	Ottawa.
Little Mothers' League.	Visiting nurses.	3	108	200,090	Winnipeg.
Little Mothers' League.	Lectures in Milk Stations.	27	185	575,000	Montreal.

From a mere glance at these tables it is seen that in the cities represented in Table A all have a higher mortality rate than New York (91.6) except the first three cities, while in Table B the same conditions exist with the exception of the last six mentioned cities. This indeed represents a deplorable state of affairs. If a city of New York's size can keep its mortality down to 91.6 deaths per 1,000 births, how much simpler would it be for our smaller Canadian cities to bring about a similar result with undoubtedly much less work and effort.

Circulars were sent to some of the leading cities in the Dominion asking for information concerning mortality and means of prevention up to August, 1917.

The results of this investigation are shown in the preceding tables:

Of the ten cities represented here only four are exerting any special effort *re* Child Welfare. Not included in this group is the city of Hamilton which deserves special mention. In this city there is a babies' dispensary under the direction of Dr. Huerner Mullen at which milk is distributed and infant consultations are held. Although the total death rate has increased in the city with the population, the workers have succeeded in reducing deaths from digestive disturbances fully 50 per cent. Another city not included in this table is Fort William, one of the most rapidly growing and progressive cities of the West, which affords an example of what can be accomplished along these lines. Dr. Woodhouse (now Capt. Woodhouse), Medical Officer of Health, with the aid of a visiting nurse, was able to reduce the number of deaths from gastro-intestinal affections in the summer months from 63 in 1910 to 6 in 1913, in addition to which he effected a reduction of 50 per cent. in the mortality of bottle-fed infants.

In addition to these meagre efforts, Dr. J. W. S. McCullough, Health Officer of Ontario, realizing the seriousness of the situation, has created a Provincial Bureau of Child Welfare in charge of Miss Mary Power. Already this organization is making itself felt and Child Welfare Weeks have been held in the following cities in the province: Brantford, Woodstock, Sarnia, Stratford, Kitchener, Guelph, Galt and London.

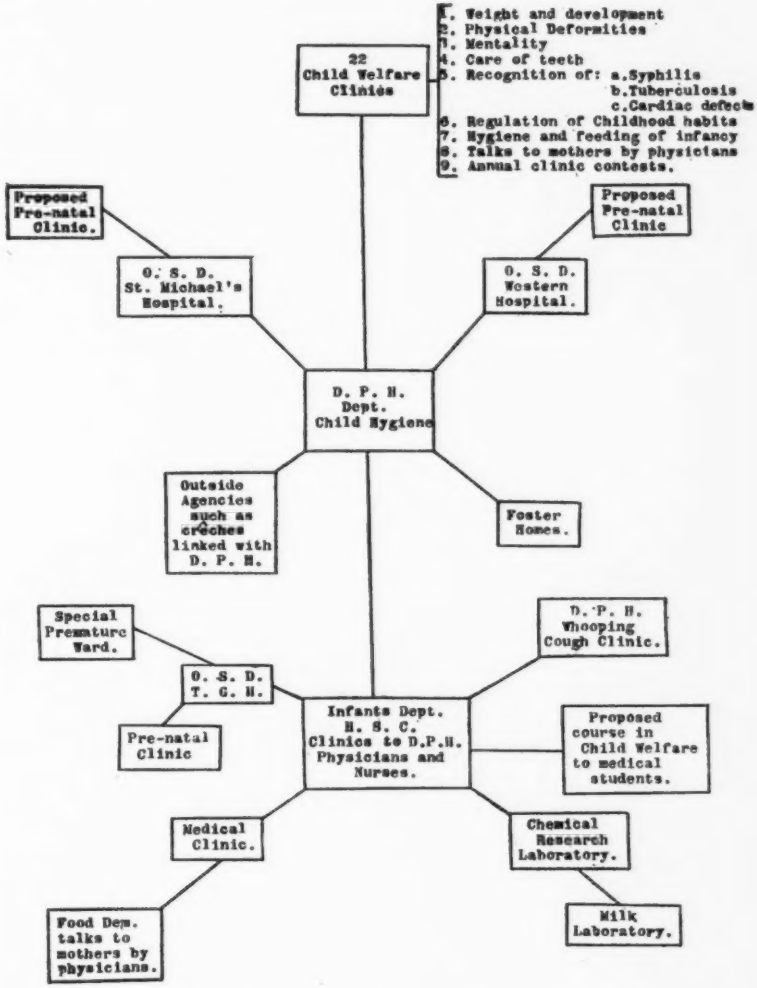
These meetings brought out many striking and interesting features, all of which should and can be remedied with most productive results. The points of interest may be enumerated as follows:

1. Everywhere the lack of organization and willingness to progress.

2. The failure on the part of the medical practitioners to realize their responsibility in many instances, this was manifested by their failing to appear at any of the meetings.

3. The universal lack of hospital accommodation for sick infants and children.

4. The complete absence of any Welfare stations or Baby clinics where instructions might be given to mothers relative to the care and feeding of their children.



5. The absolute disregard of modern teachings relative to the feeding and handling of infants by the medical practitioners. In many instances both pacifiers, and the so-called patented foods were highly recommended.

Since the organization of the Department of Child Hygiene in the City of Toronto in 1914, most gratifying results have been obtained. In 1914 there were in Toronto 155 infant deaths per thousand births and at the close of 1917, but 80.4 deaths per thousand births, a reduction of almost one hundred per cent. So satisfactory have these results been that the following chart is presented in order to show how the system is planned and what close co-operation exists between the Department of Child Hygiene and the various organizations caring for children throughout the city. The Department commences with the new-born child and endeavours to care for it up to school age when, with the record of the patient, it is placed in charge of the medical inspectors of schools.

Mothers' Pensions vs. Provincial Aid for Children

(Synopsis of address before Academy of Medicine, Toronto).

MRS. ARCHIBALD M. HUESTIS.
President, Toronto Local Council of Women.
Vice-President, Canadian Public Health Association.

THE attention of the Toronto Local Council of Women was attracted some years ago by a statement made by a well-known child welfare worker "that one thousand children are removed from their parents annually in Ontario, the only cause of this tragedy being poverty," followed by a finding during some "Ward" investigations, of a child of three being left entirely alone, by the day, whilst his mother worked at others' homes for $1.25 a day to support herself and her child. At first we thought of tendering the advice of having this mother take her child daily to a creche, then we recalled the Jewish philanthropies of New York who pay a weekly sum to Jewish mothers to remain home and care for their child or children; and we said "How much more sane". The attempted solution for such cases was to be found in April 1914, a "Fund for Mothers' Pensions." After consultation with many social service agencies we adopted six mothers with their twenty-two children. Types chosen were not any too efficient and needed in most cases a staying and guiding hand. This assistance we found in the wife of a physician, herself a trained nurse. Those mothers, in accepting our pensions of $10 for mother and $10 for each child, but never higher than $40 per month for all, promised to keep their homes clean, children at school, and be at home themselves after school hours, and they became responsible to our visitor to fulfil these obligations, and in most cases did so satisfactorily, the exception being when one male individual thought to secure a "soft job" by annexing himself to the home and to the pension incidentally. This experience proves the need of the friendly-hand visitor where pensions are bestowed. Our scheme was carried on for three years in an attempt to demonstrate to the Provincial Government of Ontario the possibility of Pensions versus Aid to Institutions as being more sane and cheaper. Toronto now has over a million dollars in buildings for child preservation, tax exempt in most cases, caring for 800 children at an annual cost of $200,000, and we believe a large number of these children could be cared for more wisely and infinitely

cheaper in their own homes, or foster homes, if New York State is any guarantee from experience.

"In fact it costs three times as much to keep a child in an institution, and twice as much to board a child by order of the juvenile court. It costs less than 10% of the relief distributed for administration expenses as against the record of private charities of New York where it costs 150%.

It now costs the State of New York $512,260 per annum to care for the 3,659 children of widowed mothers in state institutions. The very highest cost to any state now granting an allowance to widowed mothers is $27.92 (the average of all the states is much less) per month for each family, therefore at this rate the cost to the state would be only $426.806, and this after allowing the high rate of 15% additional for administration expenses, a saving of over $85,000. The cost by the new law would therefore be less than the present expense, and infinitely better as a method. The State of New York had adopted 1,000 widows March 1915, with their children, at a cost of half a million dollars per annum.

Money given by taxpayers to institutions is a very costly way of dealing with the question.

And I do not favour cheap up-keep for institutions, either, for this spells cheap food or the lack of food.

A fine testimony is paid to pensions by the Toronto and York County Patriotic Association which from September 1914 to January 1918, has paid out $155,717.62, and if aid of this practical sort is good for our soldiers' wives and soldiers' families, why is not aid of this kind equally good for women left without support for other causes almost as trying, such as when the husband and father becomes insane, as happened to one of our mothers; or removed by law; or, in other words, went to jail, etc.; and in this latter case who paid the severe penalty? Why, the wife and children every time. The Province of Ontario has, as a political leader said, to "take notice of pensions" now that Manitoba and Alberta have these laws and British Columbia has a Bill prepared.

The principle upon which mothers' pensions are granted is that motherhood is a state of service and should have state recognition.

Some twenty-three or more States in the Union are now operating pensions; also France, Denmark, etc., and in England to-day it is one of the uppermost questions, faced seriously, owing to war conditions, where the value of child-life is brought home forcefully. Infant mortality takes a decided drop when pensions are established, and in a survey made at Johnston, Pa., these figures prove the point.

> "It is impossible to judge from statistics alone whether or not the work done by the individual woman is so excessive as to affect her to the extent of reacting on the health of the baby, but the fact is that

the infant mortality rate is higher among the babies of wage-earning mothers than among others, being 188 as compared with a rate of 117.6 among the babies of non-wage-earning mothers."

And from the Toronto Department of Public Health:

"It is well-known that the most dangerous and fatal period of life is during the first year; even now the death rate among the babies of our land is higher than among our soldiers at the front. This death rate in our own country is a death rate which can and must be reduced. One of the chief causes is the lack of breast feeding. Statistics prove conclusively that mortality rates among bottle-fed babies are enormously larger than among babies fed in nature's way—more especially during the hot summer months.

No mother can properly nurse her child if she must at the same time act as breadwinner."

During the year 1914, 158 babies, under three years of age, were nursed in the registered baby homes of this city. Although they were all bottle-fed or spoon-fed (perforce, as their mothers had to work in order to provide for the support of their children), the deaths were only 9.49 per cent.—quite a contrast to the 80 per cent. death rate among artificially fed babies in certain large institutions, and although the Department of Public Health has never, to my knowledge, admitted its admiration for pensions, still actions speak lounder than words, so I quote from its actions:

"The Isolation Hospital under the management of the Department of Public Health has no accommodation for whooping cough, chicken pox, mumps or measles, nor will the hospital for Sick Children accept such patients for treatment.

When any wage-earning mother was quarantined by reason of such disease, it worked great hardship upon her. This Department, therefore, decided about four years ago to pay her *one dollar* per day to remain at home and care for her children instead of following her usual employment. This amount has now been raised to *one dollar and twenty-five cents* per day. For the period of quarantine we consider that the woman is an employee of the Department in caring for her children as there is no other satisfactory provision.

We have at present 107 homes at which babies under four years of age may be boarded, "for hire or reward." All such homes are inspected and licensed by this Department."

Two analyses furnished by the Department. The first in February 1915, and the second in March 1918 give food for thought as the compilations represent those whom, in the opinion of the Department, are eligible for pensions, and the Department does not claim to know all the children in Toronto.

		Families.	*Children.*	*Children under School Age.*
UNMARRIED:				
Under supervision		68	71	69
Average number of children	1.044			
Average age of children	1.18			
Average number of children in each family under school age	1.014			
WIDOWED:				
Under supervision		65	133	64
Average number of children	2.046			
Average age of children	6.44			
Average number of children in each family under school age	.98			
DESERTED WIVES:				
Under supervision		52	106	63
Average number of children	2.038			
Average age of children	5 years.			
Average number of children in each family under school age	1.21			
MOTHERS AT WORK (through illness of husband)—				
Under supervision		35	80	34
Average number of children	2.28			
Average age of children	5.57			
Average number of children in each family under school age	.97			
HUSBANDS IN PRISON:				
Under supervision		11	24	15
Average number of children	2.18			
Average age of children	5.5			
Average number of children in each family under school age	1.45			
Total		231	414	246

Number of Wage-earning Mothers Under Supervision of Department of Public Health, Toronto, March 16th, 1918-9

Conjugal Cond'n of Mother.	Total Mth'rs	Under 1 yr.	Ages of Children 1	2	3	4	5–9	10–14	Ttl.
Widow	112	6	14	18	16	19	110	101	284
Unmarried Mthr	103	27	47	23	7	4	3	..	111
Deserted Wife	76	8	13	19	12	12	64	37	165
Soldier's Wife (Discharged)	36	4	8	11	4	7	30	21	85
Husband in Hosp. or Jail	59	5	12	9	17	12	71	49	175
All others	98	3	21	19	22	22	107	80	274
	484	53	115	99	78	76	385	288	1094

You will have noted the numbers of unmarried mothers and deserted wives, two of the classes needing the most wise handling in granting pensions. But the child ever looms the factor in granting aid and ever looms the State's highest asset. The Ontario law requires the child to go to school until the age of fourteen. Such short years in which to acquire an education, but poverty steps in and so we grant school exemptions instead of augmenting the mothers' revenue, and this is how Toronto's exemptions worked out:

Memorandum regarding children who have obtained exemption from attendance at school during the past year, in order to assist in earning a livelihood for the home.—(Toronto).

During the year, March 1st, 1914, to March 1st, 1915, exemptions were granted to pupils below the following ages:

To pupils between	13	and	14	years	of	age	157
" "	12	"	13	"	"		33
" "	11	"	12	"	"		7
" "	10	"	11	"	"		2
" "	9	"	10	"	"		1
Total							200

EXEMPTIONS GRANTED TO PUPILS FOR THE FOLLOWING PERIODS:

Six weeks	147
Three months	29
Four and half months	13
An indefinite period	6
Six months	4
Eight months	1

Coming to juvenile court records, pensions are like playgrounds. You can always secure a "recommend" for either from the corner policeman.

"That the Mothers' Pension Law as administered by the Juvenile Court of Chicago is real child welfare legislation must be conceded when it is known that during the two and half years of its administration only *one child of the 1,754 children placed on the pay-roll has become delinquent*, and only *two* truants."

As to administration: Personally, I prefer a Board of Administration in preference to Juvenile Court administration, not caring to tie poverty with crime and until we look at "prevention" being the chief function of a Juvenile Court, just so long do I prefer other jurisdiction's attention

for Pensions. In Toronto, we could make the work a branch of the Department of Health, or probably a Board for all Ontario would be the more wise creation; and again I favour the work as a branch of Provincial Boards of Health (child welfare division) rather than Departments of Labour as in the United States. Endorsations have been received by the Local Council of Women for pensions from Social Service Council of Canada, Trades and Labour Councils of Canada, Department of Public Health, Bureau of Municipal Research, etc. And in closing a resolution from the Academy of Medicine to the Ontario Government would be most helpful.

Child Welfare Clinics

ENID M. FORSYTHE
Supervisor of Hospital Social Service Nurses and Child Welfare work, Department of Public Health, City of Toronto

THE system of Child Welfare Clinics established in Toronto by the Department of Public Health is not original, but has probably a few modifications from that of other places. There are at present twenty-two clinics held weekly in different centres throughout the city. Nothing indicates more clearly the districts requiring more intensive Child Welfare work than a pin map recording the infant deaths occurring during the summer months. Following this plan, additional clinics have been established each year, wherever possible these being held in such centres as Settlement Houses, Day Nurseries, and Infants' Homes. A physician, and one or two Public Health Nurses are in attendance at each clinic. The babies are weighed in order of arrival, the weight being marked on the history card and sent to the doctor's desk with the mother. In the past, clinic work has consisted almost entirely of regulation of infant feeding, but this year we have completed plans to include the supervision of children of pre-school age. In the handling of this the following points are considered:

(*a*) Weight, development and height.

(*b*) Physical deformities, such as those produced by rickets.

(*c*) Mentality.

(*d*) Presence of diseased tonsils and adenoids.

(*e*) Defective teeth.

(*f*) Eye and ear defects.

(*g*) Recognition of heart conditions, functional and organic lesions.

(*h*) Recognition of early tuberculous trouble through the Tuberculin skin test.

(*i*) Dietetic management of these children.

(*j*) Regulation of habits, such as late hours, sleep, moving picture shows, clothing, and airing.

By this system, children will be in a proper physical condition to commence their school life, and a great many of the defects so frequently found among children in the first grade will have been remedied.

The purpose of the clinics is solely for the education of mothers and the supervision of the general health of infants and young children. No cases of illness are treated at the clinics, but when a diagnosis of disease is made or suspected, the child is referred to his physician. Even when the child is in good health and attending the clinic, we have con-

sidered it advisable to notify the family physician, and for this purpose have provided a notification card which gives the name and address of the patient, clinic attended, and reads as follows:

"You are recorded as the attending physician of this family. With your approval, the clinic would be glad to maintain supervision of this child, the case to be referred to you in event of illness. Any records we may have, such as weights, previous illnesses, etc., will be available to you at any time. Your interest and co-operation in this work would be appreciated."

Once a year we plan to have each clinic hold a Baby Contest, to increase the interest of the mothers. Only clinic babies may compete for the certificates which we give, instead of prizes. The babies are judged according to their development, feeding, clothing and habits. We do not, however, ignore the babies who are still far from normal, and whose mothers are carefully following all instructions. These are judged according to their improvement and are given badges on the recommendation of their clinic physician.

Until two years ago we had milk depots in connection with our clinic centres. These were considered unnecessary owing to the safeguarding of our milk supply by the regulations of the Department of Public Health, and the continual education of the mothers in the preparation of infant feedings.

During the year 1917 there were 1,033 clinics held with a total attendance of 14,824 children, which was an increase of 1,100 over the previous year.

The success of our clinic work, we feel, is materially responsible for the decrease in infant mortality as shown by the following figures:

In 1913, the year in which we established the Child Welfare clinics, infantile diarrhoea and enteritis were responsible for the deaths of 637 children. Last year, the number of deaths from this cause were 172. This reduces the percentage of deaths in every 100,000 population, from 130 to 37.

Birth Registration and Infant Welfare

ROBERT E. MILLS, M.A.
Department of Public Health, Toronto.

THE importance of birth registration to infant welfare arises chiefly from two considerations: (1) that it is essential in order to calculate the rate of infant mortality, by which we measure the task presented and the results obtained, and (2) that it provides an index of where the babies are to be found so that welfare work of various kinds may be brought to bear upon the individual problems of babyhood. It is obvious that, from both of these points of view, complete and prompt registration of births is essential.

With reference to the measurement of infant mortality, the fact is that Ontario has long suffered from the publication of slanderously high infant death rates, because of the gross incompleteness of the registration of births. As I pointed out in a paper read before this section of the Academy three years ago, in 1908 about 28 per cent. of the live births that occurred in Toronto were not registered. This meant that the error in the infant death rate, which is based upon registered births, was so great as to render that figure useless as a measure of our infant mortality.

I am glad to report to-night that, from some investigations made at the end of 1917, I am convinced that the percentage of incompleteness of registration of legitimate children born alive in Toronto does not now greatly exceed 15 per cent. The improvement is largely due to the educative effect of the war-time demand for evidence of birth, but of course something must be credited to the publicity that the matter has had in the past few years. But even with this improvement, the present error of 15 per cent. in our birth figures is much too great to permit of the measurement of our infant mortality with efficiency or with fairness to local health conditions.

However, it is from the point of view of the infant welfare field worker that the inadequacy of birth registration is most crippling. If literature, instruction, and assistance do not reach the cases that need them it is usually because the births have not been reported. The hands of the workers are tied by ignorance of where the babies are to be found.

Moreover, upon the promptness with which the reports are received depends, in a great measure, the success that will attend the efforts of the welfare workers. In many cases the reports of birth are not received until after the baby is dead, or is so seriously damaged by improper or

inadequate care that recovery is problematical. This should not be. The welfare staff should have a chance.

In Ontario the physician is required to report a birth 'forthwith', (which is understood to mean within forty-eight hours) and the parents within thirty days. Because of the promptness required of physicians, their reports should be of the greatest value in the prosecution of infant welfare field work. But an investigation in 1914 showed that for 44 per cent. of the live births in Toronto no physician's report was ever received and of those reports that did arrive, 36 per cent. came in more than two weeks after birth. The showing was most disappointing, and although some improvement has been made, it is still far from satisfactory.

In discussing the paper, Dr. McIlwraith asked what stage of intra-uterine development must be attained before a delivery must be registered. The speaker replied that there appeared to be no official definition. He understood that the attitude of the Registrar-General's Department was that delivery at any stage of gestation should be registered. For statistical purposes, he, personally, was only interested in making a sharp distinction between children born alive and children born dead, because he felt that the statistics of still births could never be standardized to the point where they would mean anything. It was stated that, statistically, still births and dead births are identical, and that they are registered both as births and deaths.

Dr. Wishart, President of the Academy, strongly advocated the payment to the physician of a small fee for each registration, and suggested that a committee be appointed by the Academy of Medicine to study the questions connected with registration of Vital Statistics with a view to making suitable recommendations to the Registrar-General.

Social Background

Essentials of Family Case Work

R. C. DEXTER,
General Secretary, Charity Organization Society, Montreal

Paper read at Canadian Conference on Public Welfare at Ottawa, Sept. 1917.

WHAT does the social worker mean by case work? Case work is not the method of the social worker alone; in fact the social worker has simply taken over a general technique which developed centuries before conscious social effort was thought of. The physician in his treatment of the sick; the lawyer in his solution of the vexing legal question; the scientist in his laboratory experiment, are all case workers. The case work method is individualization; it is the study of and the dealing with the individual problem. It furnishes the data from a large number of individual cases from which, and from which alone, general principles can be deduced, in social work as in science or surgery. This is claiming a good deal, I realize, and will undoubtedly meet with objection from those social workers who want immediately a complete social reconstruction. As Dr. Bosanquet says in that illuminating article of his, "The Philosophy of Case Work", which appeared in the London Charity Organization Review of March, 1916—these people hold case work "at best as a second best, a palliative, not the real thing, not drastic", and yet these same people must realize that the wonderful discoveries of medicine which have revolutionized modern health conditions were not made through study of abstract problems, but through the constant bed-side contact of the physician in the patient's home, the hospital and the military camp. The same principle holds good in dealing with social as with physical problems. We cannot expect to better the world by a theory or legislation, unless that theory or legislation has a sound basis of practical experience. Social case work, like its medical counterpart, is a scientific study designed to discover truths. It is primarily remedial. Indeed many people consider the remedial aspects alone as important. The larger and broader results of case work are to my mind, however, the more truly significant; it is a wonderful thing to solve a family problem—I know of no greater immediate satisfaction; but it is a far greater thing to be gathering information which in the future may prevent such problems

from arising. Nevertheless, the importance of helping people, particularly of helping people to help themselves, cannot be overestimated. Perhaps the two functions of case work, its value in securing data on which constructive action can be based, and its helpful aspects with the individual person or family in difficulties are more closely related than we sometimes think. The scriptural statement "The Kingdom of God is within you" has never been fully appreciated by social reformers. All the legislation in the world, and heaven knows there is enough of it, all the splendid programmes of individual and social reform, would be of comparatively little value unless the individuals in the world are changed. A change of heart is an inward affair, and an individual affair, therefore, in order to make our constructive social programmes of real value we must rely, more than some of us have believed in the past, on the slow patient, often discouraging but absolutely necessary work with individuals or families. As I see this aspect of social case work, it involves first of all a study of the situation, an analysis of the strengths and weaknesses of the individual or family under care, of the helpful and the destructive influences in the environment, and the separation of these factors. Further than that it means a strategic alignment of the good qualities inherent in the family and the helpful factors in environment, plus the well-directed energy of the case worker. Case work looked at from this point of view is nothing more or less than a tug-of-war between the good and the bad and it is successful when the worker has the intelligence to discriminate between the good and the bad, and the force of character necessary to bring to bear the good that is in the environment in connection with the good that is in the individual, so that the evil is overcome; it is quite literally the overcoming of evil with good. We must constantly bear in mind that is is no passive good we are seeking, that good environment is not sufficient; rather, we strive to create within the individual and family an active power for good. I have already said that case work is not the elusive possession of social workers; neither does social case work belong alone to relief workers. Societies dealing with neglected or delinquent children, hospital social service workers, the juvenile court, probation officers, the better institutions for homeless men, state and provincial boards for the administration of widows' pensions, all these are developing a good technique of social case work in many communities, and now the agencies for war relief are taking over the ideals and the technique, in some instances, even the personnel of social case work.

There are certain details of technique, that go to make up the essentials of good family case work. As case work deals with individuals or families, the first big task that confronts it is to understand them. One of the first principles of good case work is that a knowledge of the back-

ground is essential. The case worker differs from the old-time church or charity visitor in that she goes beneath the surface. Most relief work deals only with symptoms; good case work deals with causes and these causes lie deep in family history. The first step in the technique of the case worker therefore is investigation. Of course, it may be necessary to take temporary action before investigation is made, just as it may be necessary for the physician to give medicine before he makes a thorough diagnosis of his case, but social case work is not the giving of relief or taking of any other steps to help people except on the basis of as through an investigation as possible. In social case work an investigation does not mean simply finding out whether or not there is a genuine need, that is a misconception in the minds of many people. An investigation does not mean as complete a study as possible of the family history back of the present situation. It may incidentally prove whether or not the need is genuine, but the very fact that a family comes to the attention of a social agency, in general, shows that there is some need; it may not be the kind of need that the families themselves think it is. The social worker like the physician does not feel that the client is ordinarily the best judge as to his own difficulties or the best method of treatment

Types of investigation vary somewhat in accordance with the type of need that the investigating agency exists to meet, but there is recognized more and more among social workers a tendency to a uniform investigation. Such investigation includes, naturally, a visit to the family home which furnishes innumerable suggestions and clues helpful in ascertaining the cause of the difficulty; it includes, if possible, meeting all members of the immediate family and hearing their story of the situation. Generally it includes certain industrial contracts—employers are fertile sources of help. Certain documentary evidences are exceedingly worth while—birth and marriage records, court records, if any, and other official records. Exceedingly important are the records of other social organizations, hence that useful agency for all social case work, the Confidential Exchange. Perhaps some of you question the necessity for all these lines of enquiry. Dr. Richard Cabot in his suggestive book, "What Men Live By", answers the question of his title by—work, play, love and religion. If Dr. Cabot's answer is the correct one and a knowledge of each family is essential to helpfulness; we must know them in their work, their recreation, their friendship and affections and their religion.

The second essential part of the technique of the case worker is diagnosis. This process, vitally different from the first, leads directly from it. We are constantly evaluating evidence as we gather it from source after source in the investigation, but at some time in the process

we must make a definite plan based on the data in hand; that plan must necessarily be temporary, or at least open to change as new factors develop, for we must realize that we never have complete knowledge. Social case work however is not well done unless it does include this summing up of all facts, an evaluation of each detail and the attempting to make a coherent whole of the scattered data which has been secured. There is no process more important than this—none that calls for larger experience or greater intellectual acumen. It is in this part of our technique that I fancy most social workers fail. We make more or less good investigations (rather less than more perhaps) and on the whole our treatment, given our investigation, is conscientious and intelligent, but because we have not made a complete diagnosis and hence observed the weaknesses in our investigation, our treatment is faulty and our work, too often, is absolutely inadequate. May I before this audience of social workers plead in behalf of our families for more careful, thoughtful diagnosis which, in turn, will make for more thorough investigation and a more effective treatment. I quite realize the answer, that we have not the time. It is the duty of those of us who are executive or board members to see to it that we have sufficient workers and adequate machinery so that those responsible for family care shall have the time to really think about their work. Otherwise, a great deal of our effort is wasted and our families suffer.

The third essential of technique is naturally treatment, and here of course we differ the most. There are, however, one or two common principles and the first of these is that we cannot treat an individual alone. With comparatively few exceptions, these exceptions fewer than we think, each individual is a member of a family circle, and our treatment of the individual must be as well a treatment of the whole family. It is almost hopeless to expect to succeed in changing over an individual's life without the co-operation of those nearest to him, and that co-operation should be one of the first objects of the case worker—hence the importance of seeing relatives. The second essential in treatment is co-operation among social agencies. Social workers often act on the assumption that they and they alone can accomplish results with their cases. Their attitude is something like this—I will do the work if you will let me alone, or you can do the work and I will let you alone. We are just beginning to realize that the effective way is to work together shaping a common plan for the family.

Another essential of good case work foreshadowed in the definition is that it must always bear in mind its community function. It is not enough to do good work with families but each family situation must be made available for community purposes. Good case records should contain social data arranged in such shape that they can be useful in

community situations. The case worker too, must be something more than a worker with families; she must bear in mind her responsibility to do away with the evils with which she is dealing; in a rather abused phrase "a good social worker must always have in mind the working of herself out of a job."

Social case work calls for certain qualities. First of all for patience, the worker who wants to clean up the world in a hurry had better work at something else. Family work is "here a little and there a little", but with the confident belief that there is an upward swing to the circle. Social case work too, calls for the scientific type of mind. It requires previous preparation along other lines than simply technical ones. The broader the educational basis and the deeper the experience of the worker, the better will her work be accomplished; added to underlying breadth of training and depth of experience, however, must be keenness of intellect and love for people; with these four qualities the worker should be a success.

There always are some, who, without training and with little technique do splendid work by sheer virtue of their personality and devotion, but it is unsafe to reply upon personality alone. More and more I am coming to believe that our methods in social work are much too crude and we have had too little technique. We are dealing with some of the most vital experiences of life; we are, for example, supplanting individual initiative with relief; we are taking children away from their natural homes; we are exercising the prerogatives of justice in the courts or reform in the schools. All of these are artificial attempts to regulate human life. We are thrusting our rude hands into the very heart strings of life. Is it not therefore imperative that "only those persons with experience, training and technique" should be permitted to undertake such delicate tasks? I marvel at times at my temerity in dealing with individual difficulties and yet there are hundreds of eager workers, who, without training or experience, feel entirely competent to advise in the most difficult and complex situations. When I say experience, I do not mean the experience of having lived oneself.

May I, in behalf of those to whom social problems are grim realities, urge upon you all the vital necessity of continuous study, of effective organization, and the provision of generous opportunities for thorough training in social work. Canada, facing the problems of the war, and those of reconstruction, needs these as never before.

The Provincial Board of Health of Ontario

JOHN W. S. MCCULLOUGH, M.D., D.P.H., Chief Officer of Health.

An Act to amend The Public Health Act

The following amendments to the Public Health Act were passed at the last Session of the Legislature of Ontario. A short synopsis of each clause follows:—

HIS MAJESTY, by and with the advice and consent of the Legislative Assembly of the Province of Ontario, enacts as follows:

1. This Act may be cited as *The Public Health Amendment Act*, 1918.

2. Every district officer of health shall be paid such salary as may be fixed by the Lieutenant-Governor in Council, and his actual and necessary travelling and other expenses incurred in the discharge of his duties, and such salary and expenses shall be payable out of such sums as may be appropriated by the Legislature for that purpose.

3. Subsection 2 of section 25 of *The Public Health Act* is amended by striking out the words "five per centum" in the seventh line thereof, and by substituting therefor the words "at a rate not exceeding six per centum."

4. Section 29 of *The Public Health Act* is amended by striking out the words "cleansing and" the words "cleanse and" in the sixth line, and by adding thereto the following subsection:

(2) The disinfecting, renovating and cleansing of houses and premises shall be carried on in accordance with the regulations.

5.—(1) Section 32*a* of *The Public Health Act*, as enacted by the Act passed in the 7th year of His Majesty's reign, chapter 51, is amended by adding after the word "public," at the end of the third line, the words "and separate"

(2) The amendment made by subsection 1 shall have effect and be deemed to have been in force as from the 12th day of April, 1917.

6. Section 41 of *The Public Health Act* is amended by adding thereto the following as subsection 2:

(2) When the Medical Officer of Health is absent from the province for a protracted period the council may, with the written approval of the Provincial Board, appoint a legally qualified medical practitioner to be Acting Medical Officer of Health during such absence, and such Acting Medical Officer of Health shall have, during the absence of the Medical Officer of Health, all the powers, and perform all the duties of the Medical Officer of Health.

7. *The Public Health Act* is amended by adding thereto the following section:

52*a*.—(1) Where a medical officer of health claims that the salary paid to him by a municipal corporation or the remuneration provided for under section 52 is not fair and reasonable, and gives notice of such claim in writing, signed by him, to the clerk of the municipal corporation, and the council of the corporation neglects to comply with such demand, or directs the serving upon the medical officer of health of a notice disputing such a claim, the medical officer of health, after the expiration of ten days from the receipt of such claim by the clerk of such corporation, may apply in a summary manner to the judge of the county or district court of the county or district within which the municipality lies, for an order allowing his claim and fixing the amount payable to him as salary under section 39 or as remuneration under section 52, and upon such application the judge shall hear the parties and their witnesses and shall make such order as he may deem just, and in and by such order shall settle and determine the salary properly payable to such medical officer of health, and a fair and reasonable remuneration under section 52.

(2) If such application is not made by the medical officer of health within thirty days after receiving notice from the corporation disputing his claim, he shall be deemed to have abandoned the same;

(3) The judge, upon the application, shall take into consideration all the circumstances of the case, and amongst other matters the physical extent, population and assessment of the municipality;

(4) *The Judges' Orders Enforcement Act* shall apply to every application or order made under this section.

8. Section 54 of *The Public Health Act* is amended by adding after the word "from" at the end of the second line the words "or exposed to," and by adding thereto the following subsection:

(2) Every person in a house when a communicable disease exists therein, and every person who during the period of quarantine enters such house, shall be deemed to be exposed to the disease;

(3) It shall be the duty of every physician, medical officer of health, superintendent of a hospital, nurse, midwife, and everyone in charge of a maternity hospital, every householder, and everyone

in charge of a child, to see that such requirements as may be prescribed by this Act or by the regulations are duly complied with in respect of ophthalmia neonatorum, trachoma, inflammation of the eyes of the newborn, or other communicable diseases of the eyes.

9. Section 92 of *The Public Health Act* is amended by striking out the word "and" at the beginning of the second line thereof and by adding after the word "corporation" in the second line the words "and any person" and by striking out the words "or officer" in the tenth line and substituting therefor the words "officer or other person."

10. Section 94 of *The Public Health Act* as amended by section 47 of *The Statute Law Amendment Act*, 1914, is further amended by adding thereto the following subsections:

(9) The Provincial Board may withdraw, amend or vary any approval given by it under this section or any order or certificate made by it, and may approve of a different or other system of sewerage, sewage disposal or sewage disposal plant, or a different or other location of the same.

(10) Before acting under the provisions of subsection 9 the Board shall notify the clerk of the township municipality in which the system of sewerage is located or into or through which it is continued or in which it is proposed to locate the system of sewerage, or into or through which it is proposed to continue the same, or in which it is proposed to locate a sewage disposal plant, and the Board shall hear and consider any objections which the council of the township or any resident therein may make to the erection of the said work or any part thereof.

(11) Where the Provincial Board has made an order or report under the provisions of subsections 7 to 10, the corporation of the urban municipality before proceeding with the work, shall apply to the Ontario Railway and Municipal Board, for an order prescribing the manner in which such work may be carried on, and notice of such application shall be given to the township municipality and to any resident therein whose property is, or may be, affected by the proposed works.

(12) Upon such application the Ontario Railway and Municipal Board may make an order;

(*a*) Stopping up and closing any highway road, or road allowance, temporarily or permanently for the purpose of allowing the proposed work to be carried on; and vesting the same in the urban corporation, and providing for the opening of other roads, highways and road allowances for the use and convenience of the residents of the township municipality in lieu of the roads, high-

ways and road allowances so stopped up and closed, and the provisions of Section 86 of *The Registry Act* shall not apply;

(*b*) Imposing such terms and conditions upon the urban municipality with respect to the construction and operation of the proposed works as the Board may deem just;

(*c*) Ordering that any buildings, restrictions, covenants running with the land or any limitations placed upon the estate or interest of any person or corporation, in any lands in or through which it is proposed that a sewage disposal system may be constructed or continued, or where the site of the sewage disposal plant is proposed to be located, shall be terminated and shall be no longer operative or binding upon or against any person or persons, and direct that any such order be registered under the provisions of *The Registry Act;*

(*d*) fixing the compensation to be paid for lands taken or injured in the construction of such works.

(13) The registration of any order under clause *c* of sub-section 12, shall be a bar to any action or proceeding taken by any person or corporation claiming any right or benefits under or by reason of any such restrictions, covenants, interests, estate or title in the lands described in the order.

(14) The Ontario Railway and Municipal Board shall have jurisdiction to enquire into, and hear and determine any application by or on behalf of any person or corporation interested complaining that any urban municipality constructing, maintaining or operating any sewage disposal system, or plant, or having the control thereof;

(*a*) has failed to do any act, matter or thing required to be done by an Act or regulation, order or direction, or by any agreement entered into by the corporation; or

(*b*) has done or is doing any act or is failing to do any act and that such act or failure is causing depreciation, loss, injury or damage to any property of any owner, and the said Board may make any order, award or finding in respect of any claim of damage or injury, as it may deem just.

(15) The jurisdiction of The Ontario Railway and Municipal Board under this section shall be conclusive and all claims for injury or damages or any other matter arising under the provisions of this section relating to the construction by an urban municipality of a sewage disposal plant in a township municipality, shall be heard and determined by the Board and *The Ontario Railway and Municipal Board Act*, so far as it is practicable, shall apply to every application and order made to or by the Ontario Railway and Municipal Board under this section.

11. Sub-section 2 of section 110 of the said Act is amended by striking out the figures "$20" in the eighth line thereof, and substituting therefor the figures "$500."

Synopsis of Amendments

To the Public Health Act, 1918.

Section 2. By this section it is provided that the District Officers of Health are paid in future directly by the Government.

Section 3. Amending Section 25. By the latter section cities may establish sanitary fixtures in premises and allow the owner to pay the cost in annual instalments. The rate of interest may by this amendment be increased to 6 per cent.

Section 4. Section 29 is amended to more clearly place the responsibility for disinfection, renovating and cleansing of houses. This will be more particularly determined by the Regulations.

Section 5. This amends Section 32*a* of the Act passed last year in reference to school inspection, thereby bringing separate schools within the operation of the Act.

Section 6. Allows of the appointment of an acting Medical Officer of Health.

Section 7. This clause is of great importance to Medical Officers of Health inasmuch as under this authority the Medical Officer of Health who feels that he is not being paid a reasonable salary may take his case before the County Judge and have a speedy and final decision. The necessity for some such law as this has been apparent for some years. Too many cases have occurred where a council with some real or fancied grievance against their Medical Officer of Health sought to get even by squeezing down his salary. If he sued them for his just emolument (?) a great outcry was raised. The charity of medical men has been so freely extended in the past that it has come to be almost regarded that we should work for nothing.

Section 8, sub-section 1. Amends Section 54 by defining who may be regarded as being "exposed to" disease while sub-section 2, requires that every physician, medical officer of health, superintendent of a hospital, midwife, head of a maternity hospital, householder and every one in charge of a child shall adhere to the regulations designed to prevent child blindness.

Section 9. Amends Section 92 of the Act by more clearly defining who shall make returns in respect to waterworks.

Section 10. Section 94 is amended to allow the Board to withdraw, amend, or vary any approval given in respect to sewerage.

Communicable Diseases

THE epidemic of Diphtheria in the city of Windsor prevailed to a greater extent in the month of March than in the previous month, there being 58 carrier cases and 34 clinic cases reported as compared with 26 carrier and 16 clinic cases. The outbreak that occurred in the town of Walkerville adjacent to Windsor shows a marked improvement. Only 33 carrier and 3 clinic cases reported, compared with 128 carrier and 4 clinic cases in February last. The number of cases reported from Ford City in the same County are 25 carrier and 3 clinic. The Provincial Board of Health distributed free of charge to the different parts of the Province where the diseases existed, 14,852 units of antitoxin at a cost of $2,227.80. The cases reported for the whole Province are 347 with 23 deaths, or a death rate of 6.6. in 100.

SMALLPOX cases are 29 more than in March, 1917, but 49 less than in February last. The following places reported the disease: Ottawa, Sarnia, Sudbury, 5 cases each with one death in Sudbury. West Hawkesbury 8 cases, East Hawkesbury 3; Camden 3; Harwich and Alexandria Village 2 each; Plympton 6; Sault Ste Marie, Forest, Sandwich, Dresden, Nepean, West Nissouri 1 each, and Vankleek Hill 2

SCARLET FEVER which has been prevalent in the Province for the last few months shows but little change. January 340, February 353, and March with 339 cases with nine deaths.

The returns made for MEASLES like that of Scarlet Fever, are much the same: January 1,013, February 361, and March 1,256 cases, with 15 deaths for the latter month.

ANTHRAX. Two deaths occurred in Penetanguishene from this disease.

COMPARATIVE TABLE.

	March, 1918.		March, 1917.	
Diseases.	*Cases.*	*Deaths.*	*Cases.*	*Deaths.*
Smallpox	47	1	13	0
Scarlet Fever	339	9	260	6
Diphtheria	347	23	356	27
Measles	1256	15	1700	2
Whooping cough	236	2	112	4
Typhoid Fever	27	4	40	9
Tuberculosis	101	71	182	109
Infantile Paralysis	0	0	0	0
Cerebro-Spinal Meningitis	17	10	15	10
	2420	135	2678	167

Handbook of Information

AND

Preliminary Programme

A CANADIAN MEDICAL WEEK IN HAMILTON

A Congress of Canadian Medical Associations

namely the

Ontario Health Officers Association

Canadian Public Health Association

Canadian Association for the Prevention of Tuberculosis

Canadian Medical Association

in conjunction with and under the Auspices

of the

Ontario Medical Association

MAY 27th—JUNE 1st, 1918

List of Officers

THE ONTARIO HEALTH OFFICERS' ASSOCIATION.

President, Capt. H. W. Hill, M.D., D.P.H., London.
Secretary, Lt.-Col. J. S. McCullough, M.D., D.P.H., Toronto.

THE CANADIAN PUBLIC HEALTH ASSOCIATION.

Patron, His Excellency, The Governor-General.
Vice-Patron, Sir Robert Borden, P.C., G.C.V.O.
Honorary President, Sir John Gibson, Hamilton.
President, W. H. Hattie, M.D., Halifax, N.S.
Vice-Presidents, J. A. Hutchinson, M.D., Westmount, Que.; Mrs. A. M. Huestis, Toronto; George Clinton, M.D., Belleville.
General Secretary, J. G. Fitzgerald, M.D., University of Toronto.
Treasurer, George D. Porter, M.B., Toronto.

THE CANADIAN ASSOCIATION FOR PREVENTION OF TUBERCULOSIS.

Honorary President, His Excellency, The Governor-General.
Honorary Vice-Presidents, Lieutenant-Governors of all the Provinces.
President, J. A. Machado, Esq., Ottawa.
Hon. Treasurer, Sir Geo. Burn, Ottawa.
Secretary, Geo. D. Porter, M.B., Toronto.

THE CANADIAN MEDICAL ASSOCIATION.

Honorary President, Sir Thomas Roddick, Montreal.
President, A. D. Blackader, M.D., Montreal.
President Elect, H. Beaumont Small, M.D., Ottawa.
Vice-Presidents, Presidents of Affiliated Societies and the Presidents of Provincial Societies *ex-officio*.
Secretary-Treasurer, W. W. Francis, M.D., On Active Service.
Acting Secretary, J. W. Scane, M.D., 836 University St., Montreal.
Local Secretaries are the Secretaries of Affiliated Societies and the Secretaries of Provincial Societies, *ex-officio*.

ONTARIO MEDICAL ASSOCIATION.

President, John P. Morton, M.B., F.R.C.S.
Secretary, F. Arnold Clarkson, M.B.
Treasurer, J. H. Elliott, M.B.
Chairman of Committee on Programme, J. P. Morton, M.B., F.R.C.S.
Chairman of Committee on Arrangements, R. Y. Parry, M.B., B.A.
Local Secretary, J. Heurner Mullin, M.B.

On to Hamilton

The Mayor, City Officials and Public generally, will welcome to our City, the Visiting Members of the Medical Profession and their friends in this great Congress Week. They trust your stay will be profitable from a Scientific point of view and that your comfort and pleasure will encourage you to return at some future date, to learn something more of our beautiful City.

Nestling in the heart of the Garden of Canada, Hamilton can boast of its most favourable geographical location and beautiful surroundings. It is known far and wide as the Industrial City, by reason of fact that with the population of approximately 110,000, it operates nearly 500 industries.

Located on the shores of Hamilton Bay, a landlocked harbour at the head of Lake Ontario, it has outgrown its original boundaries to the south, east and west and now extends well up on to the height of land to the south, which the citizens are proud to call a Mountain. Easterly it reaches into the richest fruit and produce garden of which Ontario boasts and westerly almost to the outskirts of the neighbouring town of Dundas.

Travel where you will, you will not find a more beautiful panoramic view or nature picture than the birdseye view one gets from the brow of the Hamilton mountain, which rises to a height of about 300 feet. In the immediate foreground is the bustling city, rich in foliage at this season of the year; to the right is the Niagara fruit belt, to the left the beautiful Dundas valley and in the background the peaceful water of Hamilton bay backed by the blue waters of Lake Ontario. Far in the distance, on a clear day, can be seen the outline of the big buildings in Toronto, something more than 40 miles away.

With electric railway lines running out in all directions and boat lines connecting with the north shore of the bay, Toronto, Grimsby, Niagara and other points of interest, little wonder that Hamilton is rapidly becoming a tourists' and convention city, as it has long been an industrial centre. Large enough to be interesting it is still small enough to be sociable and the stranger within its gates is assured of a hearty welcome and a good time.

At the head of the Bay the motorist drives along the crest of a sand bar formation known as Iroquois Beach, a relic of pre-glacial times. As one looks to the west the banks of a one time great river are plainly seen and geologists tell us that at some spot not definitely located the waters from the North and South met and mingled. This geological secret has aroused the interest of the scientists of two Hemispheres.

Hamilton and the surrounding country abound in spots of historic interest, foremost of which is the Stoney Creek battle-field, accessible by motor or electric car. The Dundurn ridge is another spot that has found its place in history, while many interesting ruins of the early settlers' days are to be found at and about Ancaster, situated on the mountain brow about six miles distant from the centre of the city and also reachable by motor or electric car. Another electric line will take the sightseer to Burlington Beach, a narrow stretch of land that separates the lake from the bay and the popular summer resort of the citizens. A drive along the Toronto-Hamilton highway gives one an idea of the beauty of the surrounding country and the general prosperity of the whole district while a visit to the city's fine parks is a delight to the lovers of nature.

The Prevailing Sentiment

Soon after the close of the meeting of the Ontario Medical Association last year, the newly elected officers began to look about and prepare plans for the coming meeting. It was proposed the other Associations should be invited to co-operate and soon it became evident that it was our duty in the interests of War Time Efficiency to conserve and concentrate the energies of the Canadian Medical Profession.

At no time in the history of Medicine in Canada was the complete organization of the Profession more necessary. We must be prepared to serve the public in these strenuous times to the limit of efficiency. Great sacrifices are necessary on the part of all. We must understand the problems and be prepared to meet them.

The Spirit of Co-operation

One of the most striking and most gratifying features of the Medical Week is the whole hearted unanimity with which the various organization have pledged their co-operation.

The numerous meetings of the General Committee on Arrangements have been attended by members representing the Canadian Medical Association, the Canadian Public Health Association and the Health Officers Association, many of whom have repeatedly travelled long distances to be present and share in the discussion of the necessary preparations.

The Committee is confident that this enthusiasm must pervade the whole Meeting, and that the spirit of fraternal co-operation, so evident

from the outset, will continue to animate the Profession long after the Convention has become a memory.

In the preparation of the Programme the utmost care has been exercised to assign to each body represented sufficient time for the discussion of subjects peculiarly its own, and to avoid the duplication of papers or the repetition of any section of subjects which may have been discussed in another.

The number of topics, the high standard of excellence of the papers to be presented, and the facilities afforded for thorough discussion should ensure the attendance of the Medical Profession at its maximum and that this Congress in Hamilton will occupy a permanent place in the annals of Canadian Medicine.

Appeal to County Societies

For the first time in the history of the Ontario Medical Association, The County Medical Societies are this year afforded an opportunity of exercising a degree of influence commensurate with their importance. Under the new Constitution and By-Laws of the Ontario Medical Association the County Society is recognized as the basic element of the Association.

The Committee of General Purposes, as the legislative body of the Association is constituted of representatives elected from the County Societies, in proportion to their membership. This plan has undergone the test of experience in the American Medical Association and reflects the growing spirit of democracy.

The Committee in charge hopes for a large representation of the Profession outside the cities for this is necessary to prove and support the main idea underlying our new Constitution and By-Laws.

Scientific Programme

MONDAY AND TUESDAY.

Programme prepared by the Canadian Public Health Association and the Ontario Health Officers Association.

The President's Address, Canadian Public Health Association, "A Plea and a Plan"—W. H. Hattie, Halifax, N.S.

The President's Address, Ontario Health Officers Association—W. H. Hill of London, Ontario.

"The Public Health Nurse"—J. A. Boudouin, Lachine, Que.

Paper (title not received)—M. M. Seymore, Regina, Sask.

"Good Public Health Service in Small Towns and Rural Municipalities" J. J. Harper, Alliston.

"Hints on Rural Administration"—J. W. S. McCullough, Toronto.

"The Control of an Outbreak of Diphtheria"—W. C. Alliston, Toronto.

"The Trail of the Medical Vampire"—Frederick Paul.

"Health Insurance"—Chas. J. Hastings, Toronto.

"The Venereal Disease Problem"—Gordon Bates, Toronto.

"Why is it Worth While to Establish Sewerage in a Small Town"?—F. A. Dallyn, Toronto.

"Interpretation of Water Analysis"—H. M. Lancaster, Toronto.

"Mental Hygiene"—Clarence M. Hincks, Toronto.

"Public Health Education"—Chas. F. Bolduan, New York.

TUESDAY MORNING.

Child Welfare Section of Canadian Public Health Association.

Chairman's Address—Alan Brown, Toronto.

"Progress in Child Welfare Work in Europe"—Grace L. Meigs, Washington, D.C.

"The Result of Three Years' Work in the Department of Child Hygiene" —Geo. Smith, Toronto.

"The Medical Student in His Relation to Infant and Child Welfare Work"—Richard Bolt, Cleveland, Ohio.

"The Management of a Child Welfare Week in Small Cities and Towns with Results"—Mary Power, Toronto.

"Round Table Discussion" and a Subscription Luncheon.

WEDNESDAY.

The Canadian Association for the Prevention of Tuberculosis.

9 a.m.—Addresses of Welcome by the Mayor, the President of the Ontario Medical Association and others.

9.30 a.m.—*Social and Public Health Aspects of Tuberculosis.*

The Secretary's Report, Geo. D. Porter, Toronto.

Role of Health Officers in the Control of Tuberculosis—H. W. Hill, London.

President's Address—J. A. Machado, Esq., Ottawa.

Heliotherapy by the Rollier Method as applied to Surgical Tuberculosis (with Lantern views)—J. H. Pryor, Buffalo, N.Y.

2.00 p.m.—*Symposium on the Diagnosis and Treatment of Tuberculosis.*

Differential Diagnosis—J. S. Pritchard, Battle Creek, Mich.

Sanitorium Treatment—A. F. Miller, Provincial Sanitorium, Kentville, N.S.

Artificial Pneumothorax—C. D. Parfitt, Gravenhurst.

Tuberculin Treatment—J. H. Elliott, M.D., Toronto.

8.15 p.m.—*Combined General Sessions of all Associations.*

The President's Address by the President of the Canadian Medical Association—H. Beaumont Small, Ottawa.

Symposium on the Returned Soldier Problem.

"Psychogenetic Condition in Soldiers, their Etiology and Treatment"—Lt.-Col. Colin Russell, C.A.M.C.

(Title to be announced)—Col. I. H. Cameron, C.A.M.C.

(Title to be announced)—Lt.-Col. Hadley Williams, C.A.M.C.

THURSDAY.

The Canadian Medical Association and the Ontario Medical Association.

9 a.m.—Meeting in Sections.

2 p.m.—*General Sessions.*

The Address in Obstetrics.

"Methods and Operations for reducing fetal mortality with special reference to newer methods of Cesarean Section"—by Joseph DeLee, Chicago, Ill.

The Address in Pediatrics.

"Asthma in Infancy and Childhood"—by Isaac A. Abt, Chicago, Ill.

The Address in Medicine.

"On the significance of Heart Murmurs Found in the Examination of Candidates for Military Service"—by Lewellys F. Barker, Baltimore.

7.30 p.m.—*General Session.*

The Address on the Ear.

"Equilibrium and Vertigo with special reference to Aviation"—by Issac H. Jones, Philadelphia, Pa.

FRIDAY.

The Canadian Medical Association and the Ontario Medical Association.

9.00 a.m.—*Meetings in Sections.*

2.00 p.m.—*General Sessions.*

Symposium on Intra-Cranial Pressure.

Medicine—W. F. Hamilton, Montreal.

Surgery—A. E. Garrow, Montreal.

Physiology—J. J. R. Macleod, Cleveland.

7.30 p.m.—*General Sessions.*

The Address in Surgery.

"Cancer"—Chas. H. Mayo, Rochester, Minn.

"Medical Impressions of the Day"—Frank Billings, Chicago, Ill.

The Programme for Sections

THE SECTION IN MEDICINE.

"Modern Methods in Diagnosis of Nephritis"—W. G. Lyle, New York.

"A Clinical Study and Treatment of Bronchial Asthma"—I. Chandler Walker, Boston.

"The Prevention of War Neuroses (Shell Shock)"—Thaddeus Hoyt Ames, New York.

"The Pneumonia of Military Camps"—W. G. McCallum, Balitmore.

"Psychological Analysis"—Beatrice M. Hinkle, New York.

"Some Problems of Low Blood Pressure"—Thomas McCrae, Philadelphia.

"Chorea"—Alan Brown and George Smith, Toronto.

THE SECTION ON SURGERY.

"Surgery of Colon"—E. McGuire, Buffalo.

"Radical Operation for Cancer of the Breast"—D. Guthrie, Sayre, Pa.

"Fractures of the Hip"—M. S. Henderson, Rochester, Minn.

"Carrel-Dakin Treatment of Wounds and Paraffin Wax Treatment of Burns"—William O'Neil Sherman, Pittsburg.

"The Training of the Surgeon"—Jasper Halpenny, Winnipeg.

"Observations on Post Operative Management of Abdominal Cases"—W. R. Thomson, Warsaw, N.Y.

(Title to be announced)—E. R. Secord, Brantford.

"The Treatment of Compound Fractures of the Humerus"—George Ewart Wilson.

THE SECTION ON OBSTETRICS.

"Normal Labor"—Irving W. Potter, Buffalo, N.Y.

"Practical Infant Feeding for the General Practitioner"—Douglas Arnold, Buffalo, N.Y.

"The Late Repair of Injuries due to Labor"—W. H. Weir, Cleveland, O.

"The Technique of Operations for the Repair of the Perineum"—B. P. Watson, Toronto.

"Results of Various Measures in the Treatment of Cancer of the Uterus"—F. A. Cleland, Toronto.

"The Toxaemia of Eclampsia"—K. C. McIlwraith, Toronto.

(Title to be announced)—F. A. L. Lockhart, Montreal.

(Title to be announced)—D. Evans, Montreal.

THE SECTION ON OPHTHALMOLOGY.

"Fundus Oculi of Birds"—Major Casey Wood, Chicago.

"Management of Cases of Simple Glaucoma"—Walter Parker, Detroit.

(Title to be announced)—Edmond E. Blaauw, Buffalo.

(Title to be announced)—John Wheeler, New York.

"Focal Infection of the Eye with Special Reference to the Intestinal Tract. A Proposed New Method of Treatment. Reports of Cases."—J. G. Dwyer, New York.

THE SECTION ON LARYNGOLOGY, OTOLOGY AND RHINOLOGY.

"Teaching of Plastic Surgery on the Head and Neck"—Joseph C. Beck, Chicago.

"The Value of Radium in the treatment of Lesions of the Eye, Ear, Nose and Throat"—Gordon B. New, Rochester, Minn.

"Nasal Excessory Simuses"—Robert R. Ridpath, Philadelphia, Pa.

"Protein-Allergy of Nose and Throat with special reference to food and pollen proteins. Resume of three years' work"—J. G. Dwyer, New York.

AN APPEAL FOR DISCUSSIONS.

The Committee on Programme have pursued a policy as far as it was possible of bringing here our brethren to the south of us to give many of the papers, and are asking that the men on this side of the line supply the discussion. As is well known the usefulness and effectiveness of any paper no matter how excellent it may be, is seriously impaired by the absence of critical discussion, the latter is really of more importance. Not only then from the standpoint of importance, but also from the rit of courtesy and hospitality, the committee confidently hope that

our members will volunteer cheerfully to assist in the Programme, and show by their interest, the appreciation we all feel of the presence of the men who have come (many at great personal inconvenience) to help make this a record meeting.

Synopsis of paper will be sent to all of those who make application.

SATURDAY.

THE HAMILTON CLINICAL DAY.

Dr. Chas. Mayo, of the Mayo Clinic, Rochester, Minn., and Dr. Frank Billings of Chicago, will conduct a combined Medical and Surgical Clinic on the following types of cases:

(*a*) Goitre-exophthalmic, simple and toxic.

(*b*) Anaemias.

(*c*) Focal-Infections.

Members having interesting cases on any of these types are invited to report them to the Executive of the Hamilton Medical Society.

THE ROUND TABLE.

On Thursday (at 9 p.m.) after the regular Programme is finished, there will be held a "Round Table Discussion" on a subject of vital interest to the Profession. All seats will be reserved. The Officers of each Association and of each County Society will be given an allotment of the available accommodation. Chairs not applied for before Thursday morning will be thrown open to the general membership.

It is expected that in an informal manner, an opportunity will be given for the introduction of various shades of opinion on the underlying principles which govern our practice, our relations and duties to the general Public.

THE ONTARIO LAENNEC SOCIETY.

The Ontario Laennec Society will hold their Meeting on Tuesday afternoon and Evening, May 28th, beginning at 2 o'clock. Complete arrangements will be announced later.

Business Programme

MONDAY AND TUESDAY.

The Business Sessions and Executive Meetings of the Ontario Health Officers Association and the Canadian Public Health Association will be arranged for by each Association later.

TUESDAY EVENING.

8.30 p.m.—The Ontario Medical Association.
The Meeting of the Committee of General Purposes.

WEDNESDAY MORNING.

9 a.m.—The Ontario Medical Association. Business Session.
10 a.m.—The Canadian Medical Association. Business Session.

WEDNESDAY AFTERNOON.

4 p.m.—Canadian Association for the Prevention of Tuberculosis. Election of Officers.

THURSDAY AFTERNOON.

4.30 p.m.—Ontario Medical Association. Business Session.

FRIDAY AFTERNOON.

4 p.m.—Canadian Medical Association. Business Session.
Report of Special Committee on Resolutions.

Scientific Exhibits

Attention of members of various Associations taking part is drawn to the fact that there will be a most interesting collection of scientific exhibits. There will be a Pathological Exhibit of Museum Specimens in the personal charge of Maud E. Abbott of Montreal. This will include among special features a large exhibit of specimens from the National War Museum of Canada shown by special permission of Surgeon-General Fotheringham. An exhibit from the Babies' Hospital, New York, showing a number of specimens illustrating pneumonia in children will also include pathological material illustrative of papers being read in various sections.

There will be a series of demonstrations of clinical laboratory procedures, this is of special interest to the general Profession, such as Public health diagnosic tests, syphilis bacteriology, pathology and serology; alveolar air, kidney pathology and function, blood grouping and trans-

fusion, technique, frozen section technique for surgical pathology and other procedures.

Moving pictures on Medical and Surgical subjects will be shown daily, between 4 and 6 p.m. in a convenient lecture hall. The subjects of these films will be such as to interest particularly the general practitioner and will deal more especially with the surgical aspects of conditions resulting from the war.

An exhibit of X-Ray plates will be shown in a large room set aside for the purpose and equipped with efficient illuminating boxes. A good projection lantern is provided for the demonstration of lantern slide reductions from the plates. Invitations are being sent to the men throughout the country, doing X-Ray work, asking them to send any plates of unusual interest, which will be placed on display. An informal demonstration of this kind will be made daily. A number of plates illustrating papers being read in the various sections will be on exhibition in this room. There will be an exhibit of some of the newer apparatus developed during the past year for the use of the American army at the front, in the way of portable field apparatus and instruments for precise localization of foreign bodies.

A number of posters illustrating the work carried on by the Canadian Association for the Prevention of Tuberculosis will be shown.

There will be a display of the charts, illustrations and literature from the Propaganda Department of the American Medical Association. In connection with this there will also be a continuous lantern demonstration of slides illustrating the work carried on by this Association.

All material illustrative of papers being presented in the various sections or in the general meetings, will be placed on exhibition and withdrawn for use during the reading and discussion of the papers.

In connection with the Returned Soldier Problem, a number of the methods illustrating the re-education of the returned men will be demonstrated.

Members are cordially invited to send material illustrating papers or other specimens of interest to any of the Association participating in this Congress. Parcels should be in the hands of the Committee not later than May 25th.

Address parcels to, Committee on Scientific Exhibit, Canadian Medical Week in Hamilton, Royal Connaught Hotel, Hamilton.

Special Entertainment

At this large Congress of Canadian Medical Associations the main consideration will be the presentation of the Scientific Programme. The Local Committee wish to announce that with due respect to War conditions, the usual Banquet will not be held this year.

In place of this, four informal Table d'Hôte Dinners will, on Monday, Tuesday, Thursday and Friday, be served in the Large Assembly Hall at 6.30 p.m. Immediately following each Dinner, the "Address of the Evening" will be given.

On Wednesday afternoon the members have been invited to proceed to the Mountain Sanitorium where High Tea will be served. Ample opportunity will be given to inspect the Buildings, Plant and Grounds at this Institution.

On Friday Evening a Smoking Concert will follow the Scientific Programme.

On Saturday at 1 p.m. at the close of the Clinic at the Hotel, the Members will be taken by motor to the New Hospital on the Mountain, when through the courtesy of the Board of Governors of the City Hospitals the Members will be entertained at Luncheon.

It has been suggested that the Thursday Dinner be especially assigned to Class Reunion and Sectional Dinners. Those who are interested in either of those should correspond with the Local Committee without delay. Accommodation can be hand for a few of these in private dining-rooms. It will be necessary to arrange for others by assigning tables to these in the large Assembly Hall. The Sub-committee on Entertainment would like to hear from any who would agree to assist in the organization of a Convention Choir. Those who are in the habit of assisting in such choral work or any others who think they can sing should communicate with Dr. F. E. McLoghlin, 452 Main Street East, without delay, who will supply them with song sheet and other details. Any members who know of any who should be invited to assist by contributing instrumental music will please co-operate.

The Local Committee would appreciate any information which would enable them to estimate the number of ladies who would be present in order that suitable arrangements could be made for their entertainment.

Hotels

The headquarters for the Canadian Medical Week are in the Royal Connaught Hotel which has placed ample accommodation at our disposal for the Meeting. Rates in this Hotel run from $1.50 to $3.50 per day (European).

The following hotels are in close proximity to the headquarters: Wentworth Arms, Hughson St., Cor. Main St., $1.50 to $3.50 (European); Stroud, Cor. McNab and Merrick Sts., $2.50 to $3.50 (American); King George, Cor. McNab and Market Sts., $1.00 up (European); New Commercial, 51 York St., $1.25 to $3.00 (European); Hanrahan, 92 Barton St. E., $2.00 (American); Terminal Hotel, King St. E., $2.50 (American).

The rates quoted in each case are on the assumption that the rooms are used to the full capacity.

We have been assured that there will be no difficulty in billeting all our guests.

Automobiles

For the assistance of those who take advantage of the motoring facilities it may be stated that garage accommodation will be ample and the rates reasonable.

Garages

Jolley Sales Garage, Catharine St. South; Ford Motor Co., John St. North; Overland Sales Co., John St. North; Citizens Taxi Co., King St. East; O. & R. Garage, Hughson St. South; East End Garage, King St. East.

Railway Rates

The usual Convention Railway Rates have been cancelled for this year.

Editorials

A Federal Department of Health

OUR new government very quickly after coming into office granted two outstanding concessions to the Canadian people. The enactment of what is practically nationwide prohibition will mean health and happiness to many Canadian homes. The abolition of the patronage system will lift a veritable blight from Canadian politics.

Does the next step not seem to be obvious? The very flower of our young manhood are sacrificing their lives in Flanders that a new democracy may live. The government should look to it that the members of that democracy shall be fit for their task.

Only men and women sound of soul, mind and body are wanted in the new scheme of things. Let us so organize the country then that we may breed only that type of citizen. Immigration, slums, social misery and disease are problems which might well be faced by a federal department of health. Are not the problems which seem to fall naturally into the province of such a department the very questions which are most important? An organized attack on any one of them would do much to build up for us a new and better type of citizen.

This country of ours will never be greater than the sum of its men and women. THE PUBLIC HEALTH JOURNAL but voices a widespread public sentiment when it calls on the government to act.

Venereal Diseases

The campaign against venereal diseases is progressing apace. A great step in advance was accomplished when in March the Ontario Legislature passed the Venereal Diseases Prevention Act which appears in full in the present issue of THE PUBLIC HEALTH JOURNAL.

Legal enactments must of course receive public support to be fully successful and vigorous steps are being taken to keep the public informed. Following the formation of the Advisory Committee on Venereal Diseases for No. 2 Military District in Toronto similar committees have been formed in London and Hamilton and promise to be very active organizations indeed.

On Thursday, April 11th, Dr. Winnifred Cullis spoke on the subject to a mass meeting of two thousand women in Hamilton. On the following evening Dr. Cullis, Mrs. L. A. Hamilton and Captain Gordon Bates spoke to a very large mixed audience in the Assembly Room of the Royal

Connaught Hotel, Hamilton, while on the following Monday the same speakers with Dr. C. K. Clarke spoke to a meeting of Toronto clergymen representing all denominations.

Such work is sure to bring far reaching results. The people of Canada are anxious to learn the real facts about these terrible diseases. Their elimination will not be accomplished by medical means alone or by repressive legislation—valuable as such measures are. Only widespread knowledge of all factors involved—moral, social and economic—and then concerted action, will bring lasting results.

"Life" and Public Health

New York "Life" in a recent issue briefly quotes THE PUBLIC HEALTH JOURNAL'S criticism of its attitude on Public Health—so briefly in fact that the somewhat censorious tone of our editorial vanishes into thin air by the aid of the simple necromancy of omission.

This Journal sees the humour of the situation. Yet we do not desist from repeating that "Life" is not living up to its highest ideals when it places the physician in a peculiar sinister category of its own and defies mankind to prove that every act of his was righteous or virtuous. "Life" places vaccines (typhoid vaccine included), vaccination and diphtheria antitoxin many grades below Peruna and Dodds Kidney Pills—somewhere down about the level of Paris Green and Prussic acid—while the performance of the Wassermann reaction involving the sacrifice of a guinea-pig—and the saving of human lives—is a heinous offence indeed.

"Life's" humour is generally delightful and refreshing. Its attitude on the war we cheerfully acknowledge has been inspiring indeed. But the acrobatic mentality essential to an enjoyment of the humour in its general attitude on the physician and all his works is lacking even in the editorial staff of this highly intellectual Journal.

An Intelligent Controller

One has followed with considerable surprise and indignation the attack of Controller McBride on the Health Department of the city of Toronto and particularly his remarks about the Public Health Nurses. If the subject were less serious considerable amusement might be derived from this burlesque performance in which a man passes judgment on a work of which he obviously knows nothing. It is gratifying to see that the men who have learned something of the efficient service rendered by the Health Department, had the courage of their convictions and stood out for an aggressive public health policy. We hold no brief for Aldermen Nesbit and Risk but we think that they are to be congratulated on

their stand on a question involving the welfare of the citizens of Toronto. We need more such intelligent men in our city councils.

For the benefit of Controller McBride one might add that the nurses of whom he speaks of in such a gentlemanly way, have all had three years' training in a first class hospital, followed by a special course in Child Welfare work. They come from the best of families. They are all mature and tactful. They know more about the care of infants than young mothers who, in 90% of the cases, have no opportunity to learn before their own children come. Controller McBride would have the mothers gain their knowledge by experimenting with their children, usually at the expense of the child, in preference to having the advice of women who have been carefully trained by the Health Department to do this work. We are glad to be able to say that the mothers of Toronto do not follow the plan of this well-known character of the City Council.

Book Reviews

Personal Health, a doctor book for discriminating people, by WILLIAM BRADY, M.D., Elmira, N.Y. 12mo of 407 pages. W. B. Saunders Company, Philadelphia and London. Cloth, $1.50 net.

In this book such practical information as may properly be considered under the head of Personal Health is presented in a form readily assimilable by the lay reader.

While the author gives the assurance in his preface that he assumes the responsibility of giving his individual judgment on many questions, a brief examination of the book will determine the reader that generally speaking his judgment is very good. There are chapters on "Catching Cold", "The Air we Breathe and How We Don't", "Digestion, Metabolism and Nutrition", "Overweight and Underweight", and "Notes on Miscellaneous Minor and Major Maladies", as well as many other subjects of great interest to everyone. It is a useful volume, the perusal of which would repay even the best informed of us. G. A. B.